CLAIMS ONLY

Application Number 08/932228 Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			—	—			51						
2			—	—			52						
3			—	—			53						
4			—	—			54						
5			—	—			55						
6			—	—			56						
7			—	—			57						
8			—	—			58						
9			—	—			59						
10			—	—			60						
11			/				61						
12				/			62						
13				/			63						
14				/			64						
15				/			65						
16				/			66						
17			—	—			67						
18			—	—			68						
19			—	—			69						
20			—	—			70						
21			/				71						
22				/			72						
23				/			73						
24				/			74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			2				Total Indep						
Total Depend			8				Total Depend						
Total Claims			10				Total Claims						